



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Sussex Retired and Senior Volunteer Program
State Office of Volunteerism
Division of State Service Centers
546 S. Bedford Street
Georgetown De 19947
Ph.# 302-856-5816 Fax # 302-856-5255



Volunteer Enrollment Form

Please print and complete all sections.

Volunteer Site _____

Name _____ Birth Date _____ Phone _____

Address _____

City _____ State _____ Zip _____ Social Security# _____

Ethnic group: ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian, Pacific Islander
☐ Native American/Alaskan Native ☐ Other

Physical Limitations _____

Do you have a car? ☐ Yes ☐ No Claiming mileage reimbursement? ☐ Yes ☐ No

Driver's license # _____ State _____ Exp. Date _____

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Previous Occupation _____

Skills/Interests/Languages _____

Volunteer Experience _____

Day/Hours Available _____

I understand that if I use my personal automobile to and from my volunteer workstation, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

How did you hear about RSVP? (Check all that apply)

☐ Friend

☐ Brochure/Poster

☐ Newspaper

☐ Community Agency

☐ Radio/TV Ad

☐ Other: _____

Signature of Volunteer

Date

Signature of RSVP Staff

Date

FOR OFFICE USE ONLY!

Signature of RSVP Director _____

Station (s) assigned _____

Date Assigned _____

Welcome Package Sent ____/____/____

Entered in Computer/Reporter ____/____/____ By: _____